

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

|   |       |                                   |  |  |
|---|-------|-----------------------------------|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Dr. Daniel Johnson</b>  |       |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 10 / 2015 |  |
| Mailing Address 3100 Clearview Pkwy   |       |                                   | <b>Transaction ID : AA2A9D6F45A9F4FB8A3C</b>               |  |
| City  | State | Zip Code                          | Amount of Each Receipt this Period<br>250.00               |  |
| Metairie  | LA    | 70006-5304                        |  |  |
| FEC ID number of contributing federal political committee.<br>C   |       |                                   |  |  |
| Name of Employer<br>Self Employed   |       | Occupation<br>Physician           |  |  |
| Receipt For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |       | Election Cycle-to-Date<br>250.00  |  |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Dr. Stuart Gitlow</b>   |       |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>05 / 25 / 2015 |  |
| Mailing Address 153 Gaskill St  |       |                                   | <b>Transaction ID : AB4F5A93E8C864E5092F</b>               |  |
| City  | State | Zip Code                          | Amount of Each Receipt this Period<br>1000.00              |  |
| Woonsocket  | RI    | 02895-1011                        |  |  |
| FEC ID number of contributing federal political committee.<br>C   |       |                                   |  |  |
| Name of Employer<br>Self Employed   |       | Occupation<br>Physician           |  |  |
| Receipt For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |       | Election Cycle-to-Date<br>1000.00 |  |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. Robert Quattrocchi</b>  |       |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>05 / 22 / 2015 |  |
| Mailing Address 5960 Whitestone Ln  |       |                                   | <b>Transaction ID : AE45D0BD40AA44FD19FA</b>               |  |
| City  | State | Zip Code                          | Amount of Each Receipt this Period<br>1000.00              |  |
| Suwanee   | GA    | 30024-3381                        |  |  |
| FEC ID number of contributing federal political committee.<br>C   |       |                                   |  |  |
| Name of Employer<br>Northside Hospital  |       | Occupation<br>President           |  |  |
| Receipt For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |       | Election Cycle-to-Date<br>2000.00 |  |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....   |       |                                   | 2250.00  |  |
| <b>TOTAL</b> This Period (last page this line number only).....   |       |                                   |  |  |